

400-072
39-561
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PART B—ISSUE FEE TRANSMITTAL

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing.

1. CORRESPONDENCE ADDRESS		2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)	
 JAMES W. PETERSON BURNS, DOANE, SWECKER & MATHIS P.O. BOX 1404 ALEXANDRIA, VA 22313-1404		INVENTOR'S NAME Street Address City, State and ZIP Code CO-INVENTOR'S NAME Street Address City, State and ZIP Code <input type="checkbox"/> Check if additional changes are on reverse side	
SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT
08/219,179	03/28/94	005	LACYK, J 3305 12/28/94
First Named Applicant HESS,		ROBERT L.	

TITLE OF INVENTION
APPARATUS FOR RESTENOSIS TREATMENT
(AS AMENDED)

	ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE
3	011683006	600-003.000	H48	UTILITY	YES	\$605.00	03/28/95

3. Correspondence address change (Complete only if there is a change)	4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.
	1. Burns, Doane, Swecker & Mathis 2. _____ 3. _____

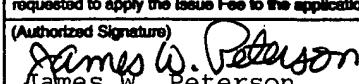
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080 LH 02/23/95 08219179 1 242 605.00 CK
 080 LH 02/28/95 08219179 1 561 39.00 CK

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)		6a. The following fees are enclosed: <input checked="" type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Advance Order - # of Copies 13	
(1) NAME OF ASSIGNEE: Robert L. Hess		6b. The following fee should be charged to: DEPOSIT ACCOUNT NUMBER 02-4800 (ENCLOSE PART C) <input type="checkbox"/> Issue Fee <input type="checkbox"/> Advance Order - # of Copies _____ <input checked="" type="checkbox"/> Any Deficiencies in Enclosed Fees _____	
(2) ADDRESS: (CITY & STATE OR COUNTRY) Menlo Park, California		The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.	

A. This application is NOT assigned.
 Assignment previously submitted to the Patent and Trademark Office.
 Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.

PLEASE NOTE: Unless an assignee is identified in Block 6, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

6a. The following fees are enclosed: <input checked="" type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Advance Order - # of Copies 13		6b. The following fee should be charged to: DEPOSIT ACCOUNT NUMBER 02-4800 (ENCLOSE PART C) <input type="checkbox"/> Issue Fee <input type="checkbox"/> Advance Order - # of Copies _____ <input checked="" type="checkbox"/> Any Deficiencies in Enclosed Fees _____
(Authorized Signature)  James W. Peterson		(Date) 2-10-95
NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.		

TRANSMIT THIS FORM WITH FEE-CERTIFICATE OF MAILING ON REVERSE

Certificate of Mailing

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

**Box ISSUE FEE
Commissioner of Patents and Trademarks
Washington, D.C. 20231**

on _____
(Date)

(Name of person making deposit)

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(Date)

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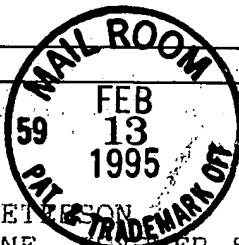
Burden Hour Statement: This form is estimated to take .2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Office of Information Systems, Patent and Trademark Office, Washington, D.C. 20231, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, (Project 0651-0033), Washington, D.C. 20503. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner of Patents and Trademarks, Box Issue Fee, Washington, DC 20231.

PART C—CHARGE TO DEPOSIT ACCOUNT

6-100-7-1
39-3601

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1: CORRESPONDENCE ADDRESS



33M1/1228

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ALEXANDRIA, VA 22313-1404

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
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First Named Applicant	HESS,		ROBERT L.	12/28/94

TITLE OF
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APPARATUS FOR RESTENOSIS TREATMENT

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3 011683006	600-003.000	H48	UTILITY	YES	\$605.00	03/28/95

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(Authorized Signature)

James W. Peterson
James W. Peterson, 26,057

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applicant; a registered attorney or agent; or the assignee or other party
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TRANSMIT THIS FORM WITH PART B WHEN AUTHORIZING USE OF A DEPOSIT ACCOUNT